



APPLICATION FOR REMOVAL EXAMINATION/COMPLETION

|   |  |  |  |
|---|--|--|--|
| <b>Name:</b> _____  |  | <b>Student No.:</b> _____                                  |  |
| <b>Program/Major:</b> _____   |  | <b>Learning Center:</b> _____                              |  |
| <b>Semester/School Year:</b> _____  |  |  |  |
| I would like to request for:  |  |  |  |
| <input type="checkbox"/> COMPLETION OF REQUIREMENTS in _____ for term _____<br>(Course) (Sem/Year)    |  | <input type="checkbox"/> REMOVAL EXAM in _____<br>(Course) |  |
| <input type="checkbox"/> ASSIGNMENT/S # _____<br><input type="checkbox"/> OTHERS (Pls. Specify) _____ |  | for term _____<br>(Sem/Year)                               |  |
| _____ Student's Signature   |  | _____ Date Submitted                                       |  |

**Note to Student:** Approval of application is subject to the existing academic rules on removal of grades of 4 and EXT. Contact your Learning Center Coordinator regarding action taken on the request.

To be filled up by the OUR Records Section

Record Verified By: \_\_\_\_\_ Date Verified: \_\_\_\_\_ Remarks: \_\_\_\_\_

**ACTION TAKEN:**     APPROVED     DISAPPROVED

\_\_\_\_\_ University Registrar

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Dean's Copy



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